

FRANKLIN LOCAL SCHOOLS
REQUEST TO PERMIT ADMINISTRATION OF MEDICATION AT SCHOOL

Before a student shall be permitted the use of medication, whether that medication is prescription or non-prescription, this form must be completed in its entirety and placed on file in the school office. A separate form must be completed for each new medication.

Medication must be stored and distributed according to established building procedures and all medication must be sent to school in its original package and pharmacy label by parent or designated adult.

Section I. (To be completed and signed by the Prescribing Provider/Physician)

Student Name: _____

School: _____ Grade: _____

Address: _____

Medication: _____ Time(s) of Administration: _____

Dosage to be given per administration: _____

Specific instructions for administering medication: _____

Possible side effects to watch for and actions to take, if any: _____

Date to begin medication: _____ Date to end medication: _____

I hereby certify that the above named student is under my care and request that the medication listed be administered in the manner and time frame described.

(Physician) (Physician Signature) Date Phone #

Section II. (To be completed by parent/guardian)

Phone number to reach parent/guardian in case of emergency: _____

Person(s) to be contacted in case of emergency when parent or guardian cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

I request that school personnel honor the instruction of my child's physician, in that my child is permitted to receive the medication listed above in the manner and the timeframe as explained on this form.

I acknowledge by signing this form that school district personnel are under no obligation to render assistance in administering medication and release all school employees and the Board of Education from liability for damage or injury resulting from either performing or not performing the assistance requested.

I also understand that it is my responsibility to provide all necessary medication and supplies, and that any changes in instructions must be received in writing from the physician.

(Parent/Guardian Name) Date (Parent/Guardian Signature)